



Natural Resources Conservation Service
1201 NE Lloyd Blvd, Ste 900
Portland, Oregon 97232

January 3, 2007

ACTION REQUIRED BY: FEBRUARY 15, 2007

OREGON BULLETIN NO. OR-360-2007-2

Subject: Submission of Annual OGE-450 Confidential Financial Disclosure forms.

Purpose: To inform all NRCS Oregon OGE-450 filers of the annual requirement for them fill out the OGE-450 or OGE 450a form and return it to the SAO by February 15, 2007.

Expiration Date: March 31, 2007

Background: The Office of Government Ethics (OGE) requires all USDA employees who have been designated as OGE-450 Confidential Financial Disclosure filers to fill out either the OGE-450a Confidential Financial Disclosure Short Form (Attachment B) if your financial interests or those of your spouse or children have not changed since the last time you filled out a Confidential Financial Disclosure form or an OGE 450 Confidential Disclosure Form (Attachment C) if you have experienced changes to your financial interests and submit them to the State Administrative Officer for review and forwarding to the NHQ Ethics Office. ******PLEASE NOTE: THE PERIOD COVERED BY THIS REPORT IS OCTOBER 1, 2005 THROUGH DECEMBER 31, 2006. PLEASE MAKE SURE THIS IS THE PERIOD YOU PUT ON YOUR REPORT, REGARDLESS OF WHICH ONE YOU FILL OUT.******

Action: The NRCS Oregon employees who have been designated as OGE-450 filers are listed in Attachment A. You must fill out either Attachment B or C (old forms will not be accepted), ensure the period reported is October 1, 2005 through December 31, 2006, sign and date the form and return to me by Close of Business on Thursday, February 15, 2007. If you are unsure of which form you should fill out or if you have any other questions please call me at 503-414-3211 before you fill out your forms.

A handwritten signature in dark ink that reads "Lesley A. Kelly".

LESLEY A. KELLY
State Administrative Officer

Attachments A, B, and C

DIST:
Employees Listed in Attachment A



NRCS Oregon OGE 450 Confidential Financial Disclosure Form Filers

Name	Position
Merlin Berg	RC&D Coordinator
Shawn Big Knife	Tribal Liaison
Gary Briggs	Basin Team Leader
Danny Burgett	ASTC (Field Operations)
Kevin Conroy	Basin Team Leader
Dave Dishman	State Engineer
Jay Gibbs	Basin Team Leader
Jeff Goebel	Basin Team Leader
Bob Graham	State Conservationist
Terry Johnson	Tribal Liaison
Lesley Kelly	State Administrative Officer
Gina Kerzman	RC&D Coordinator
Greg Kuehl	Basin Team Leader
Jon Lea	Snow Survey Leader
Meta Loftsgaarden	Partnership Liaison
Sara Magenheimer	PAS
Tom Makowski	Leader for Water Resources
Chris Martin	Contracting Officer
Bob Pedersen	Basin Team Leader
Rhoda Portis	RC&D Coordinator
Leo Preston	Basin Team Leader
Pedro Ramos	ASTC (Field Operations)
Monty Shuster	Purchasing Agent
Karen Strohmeier	RC&D Coordinator
Alan Takayama	Contracting Specialist
Bill White	Leader for Programs
Amy Wilson	RC&D Coordinator

Confidential Certificate of No New Interests (Executive Branch)

In Lieu of Annual OGE Form 450

This optional form is to be used **only** by current employees of the executive branch (other than special Government employees), in accordance with 5 CFR 2634.905(d). If you have a previous OGE Form 450 on file with your agency and can certify to all of the following statements, your agency may permit you to use this OGE Optional Form 450-A instead of filing an annual OGE Form 450. If you cannot certify to all of the following statements or otherwise do not wish to use this OGE Optional Form 450-A, you must complete a new OGE Form 450 as your annual report. Consult your agency ethics office for more information.

After examining a copy of my last confidential financial disclosure report (OGE Form 450), I certify to the following:

A. No New Interests. Since filing my last OGE Form 450:

1. I have no new reportable assets or sources of income, for myself, my spouse, or my dependent children;
2. I have no new reportable liabilities (debts), for myself, my spouse, or my dependent children;
3. I have no new reportable outside positions for myself;
4. I have no new reportable agreements or arrangements concerning future, current, or past non-Government employment for myself;
5. I have no new reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.

(For a description of what interests are reportable, see OGE Form 450 and its accompanying instructions, and/or other agency guidance.)

B. No Change in Position/Duties. Since filing my last OGE Form 450, I have not changed jobs at my agency. (The term "changed jobs" includes a new position description or other significant change in duties.)

I certify that the above statements are true, complete, and correct, to the best of my knowledge.

Signature of Employee _____ Date _____

Printed Name _____ Work Phone _____

Position/Title _____ E-mail Address _____

Agency/Unit and Address _____

For Agency Use

Date Received by Agency:

Notes:

Privacy Act Statement

Pursuant to Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.) and Executive Order 12674, (as modified by Executive Order 12731) the Office of Government Ethics regulations at 5 CFR Part 2634, Subpart I, permit the completion of this Certificate of No New Interests in lieu of an annual OGE Form 450, in appropriate cases.

The primary use of this form is for review by Government officials at your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of this certificate may be made: (1) to a Federal, State, or local law enforcement agency, if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; (6) to the Department of Justice or in certain legal proceedings when the disclosing agency, an employee of the disclosing agency, or the United States is a party to litigation or has an interest in the litigation and the use of such records is deemed relevant and necessary to the litigation; (7) to reviewing officials in a new office, department or agency when an employee transfers from one covered position to another; (8) to a Member of Congress or a congressional office in response to an inquiry made on behalf of an individual who is the subject of the record; and (9) to contractors and other non-Government employees working for the Federal Government to accomplish a function related to an OGE Governmentwide system of records. This Certificate of No New Interests is confidential. No member of the public shall have access to it, except as authorized by law.

Penalties

Falsification of this certificate may subject you to disciplinary action by your employing agency or other authority. Knowing and willful falsification of the certificate may also subject you to criminal prosecution.

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Executive Branch

Why Must I File?	The duties and responsibilities of your position require you to file the Confidential Financial Disclosure Report to avoid involvement in a real or apparent conflict of interest. The purpose of this report is to assist employees and their agencies in avoiding conflicts between official duties and private financial interests or affiliations. The information you provide will only be used for legitimate purposes, and will not be disclosed to any requesting person unless authorized by law. (See the Privacy Act Statement at the bottom of this page.) Please ensure that the information you provide is complete and accurate.
When Must I File?	New Entrants: The report is due within 30 days of your assuming a position designated for filing, unless your agency requests the report earlier or your agency grants you a filing extension. Annual Filers: The report is due no later than February 15, unless your agency grants you a filing extension.
What is the Reporting Period?	New Entrants: Report the required information for the 12 months preceding your filing of this form. Annual Filers: Report the required information for the preceding calendar year (January 1 – December 31).
What if I Have Questions?	If you have any questions about how to complete this form, please contact your ethics official or go to the Office of Government Ethics web site at www.usoge.gov and click on OGE 450 FAQs .

PENALTIES

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674 (as modified by Executive Order 12731), and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a Federal, State, or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; (6) to the Department of Justice or in certain legal proceedings when the disclosing agency, and employee of the disclosing agency, or the United States is a party to litigation or has an interest in the litigation and the use of such records is deemed relevant and necessary to the litigation; (7) to reviewing officials in a new office, department or agency when an employee transfers from one covered position to another, (8) to a Member of Congress or a congressional office in response to an inquiry made on behalf of an individual who is the subject of the record, and (9) to contractors and other non-Government employees working for the Federal Government to accomplish a function related to an OGE Governmentwide system of records. This confidential report will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 executive branchwide Privacy Act system of records.

Public Burden Information

It is estimated that completing this form, including reviewing the instructions and gathering the data needed, takes an average of one hour. No person is required to respond to a collection of information unless it displays a currently valid OMB control number as printed in the top right-hand corner of the first page of this form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **Deputy Director for Administration and Information Management, U.S. Office of Government Ethics, Suite 500, 1201 New York Avenue, NW, Washington, DC 20005-3917**. Do not send your completed OGE Form 450 to this address.

Date Received by Agency

Page Number

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Executive Branch

Employee's Name (<i>Print last, first, middle initial</i>)		E-mail Address	
Position/Title		Grade	
Agency		Branch/Unit and Address	
Work Phone	Reporting Status New Entrant <input type="checkbox"/> Annual <input type="checkbox"/>		If New Entrant, Date of Appointment to Position (<i>mm/dd/yy</i>)
Check box if Special Government Employee (SGE) <input type="checkbox"/>	An SGE is an executive branch officer or employee who is retained, designated, appointed, or employed to perform temporary duties either on a full-time or intermittent basis, with or without compensation, for a period not to exceed 130 days during any consecutive 365-day period.		
If an SGE, Mailing Address (<i>Number, Street, City, State, ZIP Code</i>)			

Step 1: Read the instructions for Parts I through V on the following pages.

Step 2: For each statement below, check Yes or No to describe your situation.

I. I have reportable assets or sources of income for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
III. I have reportable outside positions for myself.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IV. I have reportable agreements or arrangements for myself.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTE: Statement V is for <u>annual</u> filers only. It does not apply to new entrants and SGEs. V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 3: If you selected Yes for any statement, you must describe the reportable interests that you have in the corresponding Part (I, II, III, IV, or V) of the form.

Step 4: Sign and date the form.

Step 5: Submit the completed form to your ethics office.

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

Signature of Employee	Date (<i>mm/dd/yy</i>)
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FOR REVIEWERS' USE ONLY:

On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations, except as noted in the "comments" box below.	
Signature and Title of Supervisor/Other Intermediate Reviewer (<i>if required by the agency</i>)	Date (<i>mm/dd/yy</i>)
E-mail Address	Phone Number
Signature and Title of Agency's Final Reviewing Official	Date (<i>mm/dd/yy</i>)
Comments of Reviewing Officials	
(Check box if continued on additional page <input type="checkbox"/>)	

Employee's Name (Print last, first, middle initial)	Page Number
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Part I: Assets and Income

Report for Yourself, Spouse, and Dependent Child: <ul style="list-style-type: none"> Assets held for investment with a value greater than \$1,000 at the end of the reporting period OR assets held for investment which produced more than \$200 in income during the reporting period, including but not limited to: <ul style="list-style-type: none"> Assets such as stocks, bonds, annuities, trust holdings, partnership interests, life insurance, investment real estate, or a privately-held trade or business Sector mutual funds: those funds invested in a particular industry, business, or location such as ABC Electronics Fund or XYZ Canada Fund (report the <u>full</u> name of the fund, not just the general family fund name) Holdings of retirement plans, such as 401(k)s or IRAs (list each holding except diversified mutual funds) Holdings of investment life insurance Holdings of variable annuities Defined benefit pension plans provided by a former employer (include the name of the employer) 	Do Not Report: <ul style="list-style-type: none"> Federal Government retirement benefits Thrift Savings Plan Certificates of deposit, savings or checking accounts Term life insurance Money market mutual funds and money market accounts Your personal residence, unless you rent it out Diversified mutual funds, such as ABC Equity Value Fund or XYZ Large Capital Fund U.S. Government Treasury bonds, bills, notes, and savings bonds Money owed to you, your spouse, or dependent child by a spouse, parent, sibling, or child
Also Report: <ul style="list-style-type: none"> <u>For yourself:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$200, (2) honoraria greater than \$200, and (3) other non-investment income such as scholarships, prizes, and gambling income greater than \$200 <u>For your spouse:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, and (2) honoraria greater than \$200 	Do Not Report: <ul style="list-style-type: none"> Dependent child's earned income Veterans' benefits Federal Government salary Social Security benefits

Important Definitions

Diversified Mutual Fund – A mutual fund that does not have a stated policy of concentrating its investments in one industry, business, or single country other than the United States.
Sector Mutual Fund – A mutual fund that concentrates its investments in an industry, business, single country other than the United States, or bonds of a single state within the United States.
Dependent Child – A son, daughter, stepson or stepdaughter who is either unmarried and under age 21 and living in the filer's house, or considered dependent under the U.S. tax code.

Reportable Information – Go to the last page to see examples of how to report assets and income.

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (Include brief description.) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part I: Assets and Income
Continuation Page

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (<i>Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.</i>) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (<i>Include brief description.</i>) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
13	<input type="checkbox"/>
14	<input type="checkbox"/>
15	<input type="checkbox"/>
16	<input type="checkbox"/>
17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part II: Liabilities

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> A liability over \$10,000 owed at any time during the reporting period, other than a loan from a financial institution or business entity granted on terms made available to the general public A loan over \$10,000 from an individual, such as a friend or a business associate 	<ul style="list-style-type: none"> Any liability, such as a mortgage, a student loan, or a credit card account, from a financial institution or business entity granted on terms made available to the general public Loans secured by automobiles, household furniture, or appliances, unless the loan exceeds the purchase price of the item it secures Liabilities that you owe to your spouse or to the parent, sibling, or child of you, your spouse, or your dependent child

Reportable Information – Go to the last page to see examples of how to report liabilities.

Name of creditor (<i>include city and state where creditor is located</i>)	Type of liability (<i>personal loan, margin account, etc.</i>)
1	
2	

Part III: Outside Positions

Report for Yourself:	Do Not Report:
<ul style="list-style-type: none"> All positions outside the U.S. Government held at any time during the reporting period, whether or not you were compensated and whether or not you currently hold that position. Positions include an officer, director, employee, trustee, general partner, proprietor, representative, executor, or consultant of any of the following: <ul style="list-style-type: none"> Corporation, partnership, trust, or other business entity Non-profit or volunteer organization Educational institution 	<ul style="list-style-type: none"> Any position with a <ul style="list-style-type: none"> Religious entity Social entity Fraternal entity Political entity Any position held by your spouse or dependent child Any position that you hold as part of your official duties

Reportable Information – Go to the last page to see examples of how to report outside positions.

Organization (<i>include city and state where organization is located</i>)	Type of organization	Position	No longer held
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part IV: Agreements or Arrangements

Report Your Agreements or Arrangements for:	Do Not Report:
<ul style="list-style-type: none"> Continuing participation in an employee pension or benefit plan maintained by a former employer A leave of absence Future employment, including date you accepted employment offer Continuation of payment by a former employer (including severance payments) 	<ul style="list-style-type: none"> Any agreement or arrangement related to your employment by the Federal Government Spouse's and dependent child's agreements or arrangements

Reportable Information – Go to the last page to see examples of how to report agreements and arrangements.

Entity with which you have an agreement or arrangement (<i>include city and state where entity is located</i>)	Terms of Agreement or Arrangement
1	
2	
3	
4	

Part V: Gifts and Travel Reimbursements

Fill out this part only if you are filing an Annual Report. If you are a new entrant or an SGE, skip this part.

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> Travel-related reimbursements (items such as lodging, transportation, and food) totaling more than \$305* from any one source during the reporting period; include where you traveled, the purpose, and date(s) of the trip Any other gifts totaling more than \$305* from any one source during the reporting period <p>*If you received more than one gift from one source:</p> <ol style="list-style-type: none"> Determine the value of each item you received from that source Ignore each item valued at \$122 or less Add the value of those items valued at more than \$122; if the total is more than \$305, then you must list those items on this form 	<ul style="list-style-type: none"> Anything received from relatives, the U.S. Government, D.C., state, or local governments Bequests and other forms of inheritance Gifts and travel reimbursements given to your agency in connection with your official travel Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises Anything received by your spouse or dependent child totally independent of their relationship to you

Reportable Information – Go to the last page to see examples of how to report gifts and travel reimbursements.

Source	Description
1	
2	
3	

EXAMPLES

Part I: Assets and Income

Specific stock, bond, sector mutual fund, type/location of real estate, etc. <i>(Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.)</i> Name of Employer or Business; Source of Fees, Commissions, or Honoraria <i>(Include brief description.)</i> You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
XYZ Japan Fund <i>(Example of sector mutual fund)</i>	<input type="checkbox"/>
OGE Energy <i>(Example of stock that produced more than \$200 in capital gains)</i>	<input checked="" type="checkbox"/>
(S) OGC Communications <i>(Example of stock held in a 401(k) plan)</i>	<input type="checkbox"/>
ABC Healthcare Fund <i>(Example of sector fund held in a variable annuity)</i>	<input type="checkbox"/>
Rental Condo, Anchorage, AK <i>(Example of investment real estate)</i>	<input type="checkbox"/>
Bryggadune University – former employer	<input checked="" type="checkbox"/>
(S) Express Medical Clinic – employer	<input type="checkbox"/>
Association of Accountants – honoraria	<input type="checkbox"/>

Part II: Liabilities

Name of creditor <i>(city and state)</i>	Type of liability <i>(personal loan, margin account, etc.)</i>
John Jones (Denver, CO)	Personal loan from a friend
ANW Investment Company (San Francisco, CA)	Margin account

Part III: Outside Positions

Organization <i>(city and state)</i>	Type of organization	Position	No longer held
Bryggadune University (Memphis, TN)	Educational institution	Professor	<input checked="" type="checkbox"/>
ISK Family Trust (Boynton Beach, FL)	Family Trust	Trustee	<input type="checkbox"/>
Scenic Rivers Association (Nashville, TN)	Non-profit environmental organization	Member, Board of Directors	<input checked="" type="checkbox"/>

Part IV: Agreements or Arrangements

Entity with which you have an agreement or arrangement <i>(include city and state where entity is located)</i>	Terms of Agreement or Arrangement
Dee, Jones & Smith (San Diego, CA)	Will receive pension benefits (defined benefit plan) <i>(Example of continuing participation in an employee pension or benefit plan by a former employer)</i>
Hartford & Brown (San Diego, CA)	Employment agreement with Hartford & Brown. Starting work as attorney in July 2006. Entered into agreement in October 2005. <i>(Example of agreement for future employment)</i>

Part V: Gifts and Travel Reimbursements

Source	Description
Dee, Jones & Smith	Leather briefcase <i>(Example of a gift totaling more than \$305 from one source)</i>
CGH Culinary Institute	Airline ticket, hotel room, and meals incident to culinary seminar in Tokyo, Japan from May 1-5, 2006 <i>(Example of travel reimbursement)</i>